



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C190948

1. DATE OF REPORT  2/22/2022	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for Rasheen Aldridge	
3. COMMITTEE MAILING ADDRESS 1408 Wright St.  CITY / STATE / ZIP St. Louis MO 63107	4. COMMITTEE TELEPHONE NUMBER  (314) 704-5007
5. TREASURER'S NAME Rasheen Aldridge	
6. TREASURER'S MAILING ADDRESS 1408 Wright St.  CITY / STATE / ZIP St. Louis MO 63107	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 704-5007  WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS   CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2020 THROUGH 12/31/2021	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Rasheen Aldridge 1408 Wright St.  St. Louis MO 63107  (314) 704-5007  State Representative  Missouri House of Representatives  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Feb 22 2022 11:56AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Feb 22 2022 11:56AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Citizens for Rasheen Aldridge	2/22/2022	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 23,669.88		
2. All Monetary Contributions Received This Period	\$ 9,401.11		<b>Money On Hand</b>	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 9,401.11			
6. In-kind Contributions Received This Period	+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 17,401.07
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 9,401.11		25. Monetary Receipts this Period (From Item 5 - this page)	+ 9,401.11
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 33,070.99	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23 ) a) Disbursements By Check \$ 190.37 b) Disbursements By Cash \$ 0.00	- 190.37
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 5,134.62	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 26,611.81
10. Expenditures made by cash or check this period	\$ 190.37		<b>Indebtedness</b>	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 190.37			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 5,324.99	28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle	29. Loans Received This Period	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Rasheen Aldridge		2. REPORT DATE 2/22/2022	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 9,401.11	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 9,401.11	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 9,401.11	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 9,401.11	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 9,401.11	



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Rachael Herndon Dunn CITY/STATE: 1531 Washington Ave Apt 9A St Louis MO 63103 EMPLOYER: Self -- Self-Employed <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Realtors PAC, Inc CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	10/6/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Electrical Workers Voluntary Political CITY/STATE: 5850 Elizabeth Ave EMPLOYER: St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE:	10/15/2021 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis Building Trades PAC CITY/STATE: 2300 Hampton Ave EMPLOYER: St Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE:	10/6/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Dauphin Dauphin CITY/STATE: 3971 Federer Pl St Louis MO 63116 EMPLOYER: St. Louis City -- Assessor <input type="checkbox"/> COMMITTEE:	10/25/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Government Affairs Committee St. Louis Chapter CITY/STATE: 3245 Hampton Ave EMPLOYER: St Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE:	10/18/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Jackson CITY/STATE: 1377 Lake Knoll Dr St Louis MO 63367 EMPLOYER: Gamble & Schlemeier -- Lobbyist <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Page CITY/STATE: PO Box 775692 St Louis MO 63177 EMPLOYER: Self -- Self Employed <input type="checkbox"/> COMMITTEE:	10/27/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ashley Foster CITY/STATE: 1836 Carr St Louis MO 63106 EMPLOYER: Cashier -- Rallys <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sanders Phifer Management Service LLC CITY/STATE: 1705 W Woodbine Ave St Louis MO 62122 EMPLOYER: <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Webber CITY/STATE: 807 Forest Hill CT Columbia MO 65203 EMPLOYER: AFLCIO -- Organizer <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Danielle Williams CITY/STATE: 111 White Pine Ave Ofallon IL 62269 EMPLOYER: Host -- TGI Fridays <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maida Coleman CITY/STATE: 2223 South Jefferson St Louis MO 63104 EMPLOYER: State Of Missouri -- Commissioner <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Bowman CITY/STATE: 4201 Minoma Ln St Louis MO 63121 EMPLOYER: NAACP -- Chairman <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Walker CITY/STATE: 1517 Washington Suite 202 St Louis MO 63103 EMPLOYER: Self -- Self Employed <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jacob Villard CITY/STATE: 110 N 17st Apt 706 St Louis MO 63103 EMPLOYER: Gardner -- City View <input type="checkbox"/> COMMITTEE:	10/26/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Stephen Butz CITY/STATE: 3823 Holly Hills St Louis MO 63116 EMPLOYER: State Of Missouri -- State Rep <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Trisha Boyle CITY/STATE: 3632 Watson Rd St Louis MO 63109 EMPLOYER: Boyle Flowers -- Owner <input type="checkbox"/> COMMITTEE:	10/10/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ross Lawrence CITY/STATE: 8501 Copper Drive Redding CA 96001 EMPLOYER: Self -- Self Employed <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gregory Daly CITY/STATE: 4127 Upton Ct St Louis MO 63116 EMPLOYER: St. Louis City -- Collector Of Revenue <input type="checkbox"/> COMMITTEE:	10/28/2021 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri American Water Employees Pac CITY/STATE: 727 Craig Rd EMPLOYER: St Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE:	12/13/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Johnson CITY/STATE: 2627 S. Kingshighway St Louis MO 63139 EMPLOYER: David Mason and Associates -- Director IT <input type="checkbox"/> COMMITTEE:	10/1/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teresa Danieleley CITY/STATE: 3887 Wyoming Street St Louis MO 63116 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/4/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charlie Edelen CITY/STATE: 4322 A De Tonty St Louis MO 63110 EMPLOYER: Missouri Jobs With Justice -- Organizer <input type="checkbox"/> COMMITTEE:	10/6/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Andrea Denault CITY/STATE: 309 Roberts St N Fargo ND 58102 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/12/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Cosby CITY/STATE: 6110 Emma Ave St Louis MO 63136 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/12/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Danielle Cabezas-Velasquez CITY/STATE: 1395 Portland Avenue, #C1 St Paul MN 55104 EMPLOYER: US Bank -- Third Party Risk Evaluator <input type="checkbox"/> COMMITTEE:	11/12/2021 \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ginger Harris CITY/STATE: 844 Sugar Valley Ct St Peters MO 63386 EMPLOYER: Enterprise Holdings -- Audit <input type="checkbox"/> COMMITTEE:	10/15/2021 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: LeJuan Strickland CITY/STATE: 1705 Lawrence St NE Washington DC 20018 EMPLOYER: Self Employed -- Consultant <input type="checkbox"/> COMMITTEE:	10/21/2021 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adam Layne CITY/STATE: 505 Bellerive Blvd St Louis MO 63111 EMPLOYER: St Louis -- Staff <input type="checkbox"/> COMMITTEE:	10/25/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim Massmann CITY/STATE: 5624 s Riverside Lane #11 Portland OR 97239 EMPLOYER: Providence Health Plans -- RN <input type="checkbox"/> COMMITTEE:	10/25/2021 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sean Noble CITY/STATE: 1613 N 17th St St Louis MO 63106 EMPLOYER: Confluence Academies -- Teacher <input type="checkbox"/> COMMITTEE:	10/25/2021 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
--	-------------------

## INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karen Pontius CITY/STATE: 288 Animas View Dr Durango CO 81301 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/25/2021 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Lenivy CITY/STATE: 5628 Neosho St St Louis MO 63109 EMPLOYER: BDO -- CPA <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Tucker CITY/STATE: 928 Curran Ave St Louis MO 63122 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ian Wrobel CITY/STATE: 3161 Oregon Ave St Louis MO 63118 EMPLOYER: Jenna For Mo -- Campaign Manager <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tracy McCreery CITY/STATE: 41 Rye Lane St Louis MO 63132 EMPLOYER: State Of Missouri -- State Rep <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Felts CITY/STATE: 4068 Arsenal St St Louis MO 63116 EMPLOYER: Planned Parenthood -- Communications Coordinator <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Gras CITY/STATE: 4480 Maryland Ave St Louis MO 63108 EMPLOYER: Davis And Gras LLC -- Attorney <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Butler CITY/STATE: 2910 Eads Ave St Louis MO 63104 EMPLOYER: St Louis City -- Recorder Of Deeds <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kendra Holmes CITY/STATE: 8 Bellerive Ave St Louis MO 63121 EMPLOYER: Affinia Healthcare -- COO <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephanie Co CITY/STATE: 3539 Wisconsin Ave St Louis MO 63118 EMPLOYER: Beyond Housing -- Deputy COO <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adam Smith CITY/STATE: 1520 Washington St Louis MO 63103 EMPLOYER: AERDF -- Educator <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 125.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joy Geenen CITY/STATE: 7305 Countrywood Ln Madison WI 53719 EMPLOYER: Brown & Bigeloq -- Sales <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mallory Rusch CITY/STATE: 4310 Frieda St Louis MO 63116 EMPLOYER: Empower Mo -- Director <input type="checkbox"/> COMMITTEE:	12/26/2021 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charli Cooksey CITY/STATE: 4190 Sacramento St Louis MO 63115 EMPLOYER: WePower -- Founder <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Geneva Lee CITY/STATE: 48 Picardy LN St Louis MO 63124 EMPLOYER: Mo Political Consulting -- Fellow <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Aaron Burnett CITY/STATE: 3021 Minnesota St Louis MO 63118 EMPLOYER: Bywater Group -- Partner <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

---

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
--	-------------------

## INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Steven Roberts CITY/STATE: 462 Whittier St St Louis MO 63108 EMPLOYER: State Of Missouri -- State Senator <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Callow CITY/STATE: 1517 Washington Ave St Louis MO 63103 EMPLOYER: Public Eye -- Publicist <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marie Ceselski CITY/STATE: 21175 County Road 295 Hermitage MO 65668 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joshua Milligan CITY/STATE: 4027 California Ave St Louis MO 63118 EMPLOYER: USPS -- Clerk <input type="checkbox"/> COMMITTEE:	10/26/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Derrick Neuner CITY/STATE: 4961 Quincy St St Louis MO 63017 EMPLOYER: St Lukes -- Athletic Trainer <input type="checkbox"/> COMMITTEE:	10/27/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lindsay Pattan CITY/STATE: 838 Woodsdale Ct Wildwood MO 63011 EMPLOYER: Baker Footwear Group -- Social Media Coordinator <input type="checkbox"/> COMMITTEE:	10/27/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andy Tolch CITY/STATE: 11835 Twillwood Dr St Louis MO 63128 EMPLOYER: Self Employed -- Self Employed <input type="checkbox"/> COMMITTEE:	10/27/2021 ----- \$ 45.00	\$ 45.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chelsea Merta CITY/STATE: PO Box 63374 St Louis MO 63163 EMPLOYER: Self Employed -- Attorney <input type="checkbox"/> COMMITTEE:	10/28/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Rasheen Aldridge	DATE 2/22/2022
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Patricia Gunby CITY/STATE: 1406 Redwood Forest Dr Ballwin MO 63021 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	10/28/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy Hykes CITY/STATE: 2006 Russel Blvd St Louis MO 63104 EMPLOYER: World Wide Tech -- User Designer <input type="checkbox"/> COMMITTEE:	10/29/2021 \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Doerr CITY/STATE: 5329 Sutherland Ave Apt A St Louis MO 63109 EMPLOYER: Maplewood Brewery -- Sales <input type="checkbox"/> COMMITTEE:	10/29/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Travis Sheridan CITY/STATE: 2901 N 14th St St Louis MO 63107 EMPLOYER: Wexford Science & Tech -- Chief Community Officer <input type="checkbox"/> COMMITTEE:	10/29/2021 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jenna Alexander CITY/STATE: 816 Lynda Ct St Louis MO 63122 EMPLOYER: University ofMo -- Assistant Director <input type="checkbox"/> COMMITTEE:	11/9/2021 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer Wright CITY/STATE: 904 Del Avion San Jose CA 95138 EMPLOYER: Law Firm -- Legal Intern <input type="checkbox"/> COMMITTEE:	12/4/2021 \$ 11.11	\$ 11.11 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Quality Schools Alliance PAC CITY/STATE: PO Box 52 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/23/2021 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Physician Led Anesthesia Care Pac CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/28/2021 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Citizens for Rasheen Aldridge		2. Report Date 2/22/2022	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
ActBlues Fees			98.37
ActBlues Fees			92.00
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 190.37
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 190.37
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 0.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 190.37
16. Amount of Line 15 Above which was Paid Out This Period			\$ 190.37
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00